

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 10:32 am, Jul 10, 2015

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regul Complete this report whenever the instrume Retain the original and send a copy within 1	ent is serviced or repaire	d and whenever it is pla	to exceed 35 days). ced into service.		
NAME OF AGENCY 500192 NEVADA POLICE DEPARTMENT			DATE OF INSPECTION 07/09/2015	DATE OF INSPECTION 07/09/2015	
LCCATION OF INSTRUMENT (STREET AND CITY) 120 SOUTH ASH ST, NEVADA, MO		TIME OF INSPECTION 13:48:30			
CHECKLIST: Place a mark in the box by envalues where determined). Unmarked items	ach item if found to be s must be corrected befo	atisfactory or is operatir	ng within established limit	ls. (Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>07/09/2015 13:48</u>	:32	☑ DETECTOR		The state of the s	
☑ PROGRAM		☑ FILTER 1	☑ FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		X FILTER 2	☑ FILTER 2		
☑ BREATH TUBE_48.1°C		☑ FILTER 3	, mine man n		
⊠ PUMP	☑ INTERNAL ST	☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STAN	DARDS				
☐ SIMULATOR STANDARD		☑ COMPRESSE	☑ COMPRESSED ETHANOL-GAS MIXTURE		
	ER Lo	T#_AG42514110	EXP. DATE	09/09/2016	
SIMULATOR TEMP (34°C ± 0.2°C)		ULATOR SN	SIMULATOR EXP DATE		
 ☑ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All three of .005 or less. Mark the box correspon ☐ 0.10% STANDARD - MUST RE ☑ 0.08% STANDARD - MUST RE ☐ 0.04% STANDARD - MUST RE 	ding to the standard bei AD BETWEEN 0.095% AD BETWEEN 0.076%	ng used. 5 AND 0.105% INCLUS 5 AND 0.084% INCLUS	SIVE		
TEST 1: 0.076 TEST 2: 0.075			TEST 3:		
☐ PERFORM R.F.I. TEST	······································				
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAINTE	NANCE REPORT:	
REFUSALS: 004:	.0509;	.1014:	.1519:	OVER .19:	
IST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MCDIFICATION THAT WAS MAD	F			
NSPECTING OFFICER					
SGNATURE AND		PRINTFULL NAME	PRINT FULL NAME JENS D BARCLAY		
YPE II PERMIT NUMBER 240363	EXP.RATION DATE 10/17/2016	TELEPHON			
RETURN COMPLETED REPORT TO THE		am, MO Department of	Health and Senior Servi	ces	
O 580-2898 (3-13)		PASSISMATIVE ACTION EMPI	OVES	142 166	

CALIBRATION FACTORS

NEVADA POLICE DEPARTMENT INTOX dmt: 500192

Date: 07/09/2015 Time: 14:49:12

OPERATOR NAME: JENS D BARCLAY

PERMIT NUMBER: 240363

EXPIRATION DATE: 10/17/2016

LOT #: 14001

SUPPLIER: REPCOMARKETIN EXPIRATION: 04/30/2016

Ca = 0.1000